DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 C.F.R. 1.63) COMBINED WITH POWER OF ATTORNEY

Attorney Docket No.	9149Q
First Named Inventor	Joseph Francis Kitching
СОМР	LETE IF KNOWN
Application Number	
· Filing Date	
Group Art Unit	
Examiner Name	
Confirmation Number	

A. J	LIUN	TAEI				·	
				Filing	Date		
				Group	Art Unit		
				Exami	ner Name		
		_		Confir	mation Number		
I hereby declare that:							
Each inventor's residence	, mailin	g addres	s, and citizenship	are as state	d below next to th	eir name.	
I believe the inventor(s) a patent is sought on the ithe specification of which (check one)	nventio	is atta was f or PC	d Wipe Dispensing ached hereto.	System (MM/DD/) oplication S	YYY) as United	States Applic	
					(if applicable)		
I hereby state that I hav amended by any amendm				ontents of	he above-identifi	ed specificat	ion, including the claims, as
	cations,	materia	l information whic	ch became a	vailable between		7 C.F.R. §1.56, including for the of the prior application and
	any PCT			having a fi		hat of the ap	ign application for patent or plication on which priority is Priority Not Claimed
Number(s)		Count	ry		(MM/DD/YYYY		
							[]
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I hereby appoint Practit identified above, and to the Direct all correspondence	ransact a	ll busin	ess in the United S				to prosecute the application cted therewith.
belief are believed to be t	rue; and ble by f	further ine or in	that these statement, or b	nts were moth, under	ade with the know	ledge that w	ents made on information and rillful false statements and the willful false statements may
NAME OF SOLE C	R FIR	ST IN	VENTOR:				
Given Name Joseph Francis					Citching		
(first and middle [if any])			Or S	urname			
Inventor's Signature		<u>.</u>			Date	15/20	30
Residence: City Wes	Cheste	$l_{\rm r}$	State Ohio	Count	ry U.S.A.		nship U.S.
Mailing Address: 788				35411		1 0	
City West Chester	U	<u> </u>	State Ohio	Zin (o	r Postal Code)	45069	Country U.S.A.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9149Q

NAME OF SECOND INVENTO	OR:			
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(first and middle [if any])		Or Surname		
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City Okeana	State Ohio	Zip (or Postal Code)	45053	Country U.S.A.
NAME OF THIRD INVENTOR	R:			
Given Name Andreas		Family Name	Mack	
(first and middle [if any])	_	Or Surname		
Inventor's Signature		Date		
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Page 2 of 2

9149Q. Decl with Customer Number. doc

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Attorney Docket No.	9149Q
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COMI	PLETE IF KNOWN
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	
Confirmation Number	

		Examiner Name
		Confirmation Number
I hereby declare th	at:	•
Each inventor's resi	dence, maili	ng address, and citizenship are as stated below next to their name.
I believe the inventor a patent is sought or the specification of	n the inventio	below to be the original and first inventor(s) of the subject matter which is claimed and for which on entitled Wipe Dispensing System
(check onc)	(x) []	is attached hereto. was filed on(MM/DD/YYYY) as United States Application No or PCT International Application Serial No and was amended on
		(if applicable)
I hereby state that I amended by any am	I have revie endment refe	wed and understand the contents of the above-identified specification, including the claims, as arred to above.
continuation-in-part	applications	ose information which is material to patentability as defined in 37 C.F.R. §1.56, including for, material information which became available between the filing date of the prior application and filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
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I hereby appoint Practitioners at <u>Customer Number 27752</u> as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to Customer Number 27752.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST I	NVENTOR:					
Given Name Joseph Francis		Family Name Kitching			-	
(first and middle [if any])		Or Sumame				
Inventor's Signature			Date			
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City West Chester State Ohio		Zip (or Postal Code) 45069		59	Country U.S.A.	_

Page 1 of 2

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9149Q

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NAME OF THIRD INVENT	OR:	
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City Onex	State Geneva	Zip (or Postal Code) 1213 Country Switzerland

Page 2 of 2

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